ase type a plus sign (+) inside this box +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ter the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/726,240		
Filing Date	December 2, 2003		
First Named Inventor	Phillip Clark_		
Group Art Unit			
Examiner Name			
Attorney Docket Number	MCA-635		

I hereby appoint:						
Practitioners at Customer Number OR Practitioner(s) named below: Place Customer Number Bar Code Label here						
			Registrati	on Number		
Kevin S. Lemack			32,579	on Itamoo.		
Henry C. Nields			17,029			
Robert Frame			54,104			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR						
Firm or Individual Name	Name Kevin S. Lemack					
Address	Nields & Lemack					
Address	176 E. Main Street					
City	Westboro	State	MA	Zip 01581		
Country	U.S.A.					
Telephone	(508) 898-1818 Fax (508) 898-2020		3) 898-2020			
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Phillip Clark Chris A. Scott Michael S. Colman						
Signature Phylipell Children with						
Date 1-13-04 1/13/04 1-13-04						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
□ *Total offorms are submitted.						